## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P06000042841

1. Entity Name

E & F ALUMINUM AND SHUTTERS SUPPLY CORP.



**FILED** May 02, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

10450 SW 184TH TERRACE MIAMI, FL 33157

10450 SW 184TH TERRACE

MIAMI, FL 33157



DO NOT WRITE IN THIS SPACE

03112008	No Chg-P	CR2E034 (11/05)

Applied For 4. FEI Number Not Applicable 20-4567656 \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, ANDRES 9865 SANTOS DRIVE MIAMI, FL 33189

9865 SANTOS DR

MIAMI, FL 33172

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY\_ST\_7IP

CITY-ST-ZIP

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	e named entity submits this statement for the p tions of registered agent.	surpose of changing its re	egistered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and	accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	sapplicable (NOTE: I	Regislered Agent signatu	re required when reinstating)	DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	U00000942061 05/29/08-80005-001 150,	. 00
10.	OFFICERS AND DIRECTORS					
TITLE	PD					
NAME	ESPINOZA, ANDRES					
STREET ADDRESS	9865 SANTOS DRIVE					
CITY-ST-ZIP	MIAMI, FL 33189				_	
TITLE	V				·	
NAME	ESPINOZA, ANDRES			•		

DO NOT WRITE IN THIS SPACE

5/17 5/ E/I	A
12. I hereby certify that the information	on sufficied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
indicated on this report or sugg	emptal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director
of the corporation or the receiv	If of talistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
changed, or on an attachment	w A afteress, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #